
State of Washington

Behavioral Risk Factor Surveillance System Questionnaire 1993

Washington State Department of Health
Center for Health Statistics
and
Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion
Office of Adult and Community Health
Behavioral Surveillance Branch

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Washington State Department of Health
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Table of Contents

Title	Page
<u>CDC Core Questions</u>	
Health Status	1
Health Care Access	1
Hypertension Awareness	2
Cholesterol Awareness	3
Diabetes	3
Injury Prevention	4
Seatbelt Use	
Water Safety	
Fire Escape Planning	
Tobacco Use (cigarettes)	5
Alcohol Consumption	6
Demographics	6
Women's Health	9
Immunization	11
Colorectal Cancer Screening	11
HIV/AIDS	12
<u>Washington State - Added Questions</u>	
Tobacco Use (smokeless)	15
Radon Testing	16
Diabetes	17
Health Care Insurance	18
Mammography	18
Health Care Use	19
Oral Health	20
Injury Prevention	20
Children's Bicycle Helmet Use	
Water Safety	
Firearm Safety	
Injury Treatment	
ASSIST (Tobacco Opinion Items)	22
[July & August only]	

ALL RESPONDENTS:

The interview will only take a short time, and all the information obtained in this study will be confidential.

IF NEEDED: Your name will not be used, but your responses will be grouped together with information from others participating in this study.

1. Would you say that in general your health is . . . READ 1-5

Excellent	1
Very good	2
Good	3
Fair	4
Or Poor	5

Don't know/Not sure	6 (7)
Refused	7 (9)

2. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

DAYS: _____	
None	88
Don't know/not sure	77
Refused	99

3. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

DAYS: _____	
None	88
Don't know/not sure	77
Refused	99

4. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self care, work, or recreation?

DAYS: _____	
None	88
Don't know/not sure	77
Refused	99

5. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs (health maintenance organizations), or government plans such as Medicare?

ASK Q.19 ←-----	Yes	1
SKIP TO Q.18 ←-----	No	2
SKIP TO Q.19 ←-----	Don't know/Not sure	3 (7)
	Refused	4 (9)

6-17. Blank

18. About how long has it been since you had health care coverage? READ 1-5 ONLY IF NECESSARY

Within the past 6 months (1 to 6 months ago)	1	
Within the past year (7 to 12 months ago)	2	
Within the past 2 years (1 to 2 years ago)	3	
Within the past 5 years (2 to 5 years ago)	4	
5 or more years ago	5	

Never	6	(8)
Don't know/Not sure	7	(7)
Refused	8	(9)

19. Was there time during the last 12 months when you needed to see a doctor, but could not because of the cost?

Yes	1	
No	2	
Don't know/Not sure	3	(7)
Refused	4	(9)

20. Is there one particular clinic, health center, doctor's office, or other place that you usually go to if you are sick or need advice about your health? DO NOT PROBE FOR MORE THAN ONE PLACE

Yes, one particular place	1	
Yes, more than one particular place	2	
No	3	
Don't know/Not sure	4	(7)
Refused	5	(9)

21. About how long has it been since you last visited a doctor for a routine checkup? READ 1- 4 ONLY IF NECESSARY

Within the past year (1 to 12 months ago)	1	
Within the past 2 years (1 to 2 years ago)	2	
Within the past 5 years (2 to 5 years ago)	3	
5 or more years ago	4	

Never	5	(8)
Don't know/Not sure	6	(7)
Refused	7	(9)

22. About how long has it been since you last had your blood pressure taken by a doctor, nurse, or other health professional? READ 1-5 ONLY IF NECESSARY

Within the past 6 months (1 to 6 months ago)	1	
Within the past year (7 to 12 months ago)	2	
Within the past 2 years (1 to 2 years ago)	3	
Within the past 2 to 5 years (2 to 5 years ago)	4	
5 or more years ago	5	

Never	6	(8)
Don't know/Not sure	7	(7)
Refused	8	(9)

IF CODE 6, SKIP TO Q.25

23. Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?

CONTINUE ←-----	Yes	1	
	No	2	
SKIP TO Q.25 ←-----	Don't know/Not sure	3	(7)
	Refused	4	(9)

24. Have you ever been told on more than occasion that your blood pressure was high, or have you been told this only once?

More than once	1	
Only once	2	
Don't know/Not sure	3	(7)
Refused	4	(9)

25. Blood cholesterol is a fatty substance found in the blood. Have you ever had your blood cholesterol checked?

CONTINUE ←-----	Yes	1	
	No	2	
SKIP TO Q.28 ←-----	Don't know/Not sure	3	(7)
	Refused	4	(9)

26. About how long has it been since you last had your blood cholesterol checked?
READ 1-4 IF NECESSARY.

Within the past year (1 to 12 months ago)	1	
Within the past 2 years (1 to 2 years ago)	2	
Within the past 5 years (2 to 5 years ago)	3	
5 or more years ago	4	

Don't know/Not sure	5	(7)
Refused	6	(9)

27. Have you ever been told by a doctor or other health professional that your blood cholesterol is high?

Yes	1	
No	2	
Don't know/Not sure	3	(7)
Refused	4	(9)

28. Have you ever been told by a doctor that you have diabetes? FOR WOMEN, OTHER THAN WHEN PREGNANT

Yes	1	
No	2	
Don't know/Not sure	3	(7)
Refused	4	(9)

29. How often do you use seat belts when you drive or ride in a car? Would you say . . . READ 1-5.

Always	1
Nearly always	2
Sometimes	3
Seldom	4
Or Never	5

Never drive or ride in a car	6 (8)
Don't know/Not sure	7
Refused	8 (9)

30. How many children less than 18 years of age live in your household?

SKIP TO Q.35 ←-----	None	88
	Refused	99

31. What is the age of the oldest child in your household under the age of 15? IF LESS THAN A YEAR, CODE AS 01.

SKIP TO Q.35 ←-----	No children under age 15	88
	Don't know/Not sure	77
	Refused	99

32-33 - OMITTED

34. How often does the oldest child (of children under age 15) in your household use a (car safety seat - CHILD UNDER 5)/(seat belt [for child 5 or older]) when they ride in a car? Would you say ... READ 1-5.

Always	1
Nearly always	2
Sometimes	3
Seldom	4
Or never	5

Never rides in a car	6 (8)
Don't know/Not sure	7
Refused	8 (9)

35. Can you swim or tread water for 5 minutes in water that is over your head?

Yes	1
No	2
Don't know/Not sure	3 (7)
Refused	4 (9)

36. Do you have a specific plan for how you would escape from your house or apartment in case of fire?

Yes	1
No	2
Don't know/Not sure	3 (7)
Refused	4 (9)

37. Have you smoked at least 100 cigarettes in your entire life? 5 PACKS = 100 CIGARETTES.

CONTINUE ←-----	Yes	1	
	No	2	
SKIP TO Q.43 ←-----	Don't know/Not sure	3	(7)
	Refused	4	(9)

38. Do you smoke cigarettes now?

CONTINUE ←-----	Yes	1	
SKIP TO Q.42 ←-----	No	2	
SKIP TO Q.43 ←-----	Refused	3	(9)

39. On the average, about how many cigarettes a day do you know smoke? ONE PACK = 20 CIGARETTES

Don't smoke regularly	88
Refused	99

40. During the past 12 months, have you quit smoking for 1 day or longer?

Yes	1	
No	2	
Don't know/Not sure	3	(7)
Refused	4	(9)

41. Would you like to stop smoking?

Yes	1	
No	2	
Don't know/Not sure	3	(7)
Refused	4	(9)

SKIP TO Q. 43

42. About how long has it been since you last smoked cigarettes regularly (that is, daily) READ 1-6 IF NECESSARY

With in the past month (0 to 1 month ago)	1	
With in the past three months (2 to 3 months)	2	
Within the past 6 months (3to 6 months ago)	3	
Within the past year (6 months to 1 year ago)	4	
Within the past 5 years (1to 5 years ago)	5	
5 or more years ago	6	

Don't know/Not sure	7	
Never smoked regularly	8	
Refused	9	

43. During the past month, have you had at least one drink of any alcoholic beverage such as beer, wine, wine coolers, or liquor?

CONTINUE ←-----	Yes	1	
	No	2	
SKIP TO Q.49 ←-----	Don't know/Not sure	3	(7)
	Refused	4	(9)

44. During the past month, how many days per week or per month did you drink any alcoholic beverages, on the average?

SKIP TO Q.47 ←-----	Don't know/Not Sure	777
	Refused	999

- 45.

Days per week	1
Days per month	2

46. A drink is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. On the days when you drank, about how many drinks did you drink on the average?

	drinks
Don't know/Not Sure	77
Refused	99

47. Considering all types of alcoholic beverages, how many times during the past month did you have 5 or more drinks on an occasion? RECORD BELOW.

	times
None	88
Don't know/Not Sure	77
Refused	99

48. During the past month, how many times have you driven when you've had perhaps too much too drink? RECORD BELOW.

	times
None	88
Don't know/Not Sure	77
Refused	99

49. During the past month, how many times have you ridden with a driver who has had perhaps too much to drink? RECORD BELOW.

	times
None	88
Don't know/Not Sure	77
Refused	99

50. What is your age?

	years
Don't know/Not Sure	07
Refused	09

51. What is your race? Would you say . . . READ 1-5

White	1	
Black	2	
Asian, Pacific Islander	3	
American Indian, Alaska Native	4	
Or Some other (SPECIFY)	5	

Don't know/Not sure	6	(7)
Refused	7	(9)

52. Are you of Spanish/Hispanic origin?

Yes	1	
No	2	
Don't know/Not sure	3	(7)
Refused	4	(9)

53. And are you ...READ 1-6:

Married	1	
Divorced	2	
Widowed	3	
Separated	4	
Never been married	5	
Or a member of an unmarried couple	6	

Refused	7	(9)

54. What is the highest grade or year of school you completed? READ ONLY IF NECESSARY.

Never attended school or kindergarten only	1	
Grades 1 through 8 (Elementary)	2	
Grades 9 through 11 (Some high school)	3	
Grade 12 or GED (High School graduate)	4	
College 1 year to 3 years (Some college or technical school)	5	
College 4 years or more (college graduate)	6	

Refused	7	(9)

55. Are you currently?...READ 1-8

Employed for wages	1	
Self- Employed	2	
Out of work for more than 1 year	3	
Out of work for less than a 1 year	4	
A homemaker	5	
A student	6	
Retired	7	
Or unable to work	8	

Refused	9	

56. Which of the following categories best describes your annual household income from all sources ...
READ 1-7.

Less than \$10,000	1
\$10,000 to less than \$15,000	2
\$15,000 to less than \$20,00	3
\$20,000 to less than \$25,000	4
\$25,000 to less than \$35,00	5
\$35,000 to \$50,000	6
Or over \$50,000	7

Don't know/Not sure	8
Refused	9

57. About how much do you weigh without shoes? RECORD BELOW. (EXAMPLE 120 POUNDS = 120, 98 POUNDS = 098; ROUND FRACTIONS UP)

	_____ pounds
Don't know/Not Sure	777
Refused	999

58. About how tall are you without shoes? RECORD BELOW. (EXAMPLE: 5'2" = 502, 5'11" = 511; ROUND FRACTIONS DOWN)

	_____ ft. _____ inches
Don't know/Not Sure	777
Refused	999

59-60. OMITTED

61. What county do you live in? (Don't know = 79, Refused = 80) (777,999)

1 Adams	21 Franklin	41 Lewis	61 Snohomish
3 Asotin	23 Garfield	43 Lincoln	63 Spokane
5 Benton	25 Grant	45 Mason	65 Stevens
7 Chelan	27 Grays Harbor	47 Okanogan	67 Thurston
9 Clallam	29 Island	49 Pacific	69 Wahkiakum
11 Clark	31 Jefferson	51 Pend Oreille	71 Walla Walla
13 Columbia	33 King	53 Pierce	73 Whatcom
15 Cowlitz	35 Kitsap	55 San Juan	75 Whitman
17 Douglas	37 Kittitas	57 Skagit	77 Yakima
19 Ferry	39 Klickitat	59 Skamania	

62 - 63. OMITTED

64. Do you have more than one telephone number in your household?

CONTINUE ←-----	Yes	1
SKIP TO Q.66 ←-----	No	2
	Refused	3 (9)

65. How many residential telephone numbers do you have? (8 = 8 or more, 9 = Refused)

Total Telephone Numbers: _____

66. RECORD RESPONDENT'S SEX

SKIP TO Q. 78. ←-----	Male	1
CONTINUE ←-----	Female	2

67. A mammogram is an x-ray of the breast to look for cancer. Have you ever had a mammogram?

CONTINUE ←-----	Yes	1
SKIP TO Q.70 ←-----	No	2
	Don't Know/Not sure	3 (7)
	Refused	4 (9)

68. How long has it been since you had your last mammogram? READ 1-5 ONLY IF NECESSARY.

Within the past year (1 to 12 months ago)	1
Within the past 2 years (1 to 2 years ago)	2
Within the past 3 years (2 to 3 years ago)	3
Within the past 5 years (3 to 5 years ago)	4
5 or more years ago	5

Don't know/Not sure	6 (7)
Refused	7 (9)

69. Was your last mammogram done as part of a routine checkup, because of a breast problem other than cancer, or because you've all ready had breast cancer?

Routine checkup	1
Breast problem other than cancer	2
Had breast cancer	3
Don't know/Not sure	4 (7)
Refused	5 (9)

70. A clinical breast exam is when a doctor, nurse, or other health professional feels the breast for lumps. Have you ever had a clinical breast exam?

ASK Q.71 ←-----	Yes	1
SKIP TO Q.73 ←-----	No	2
	Don't know/Not sure	3 (7)
	Refused	4 (9)

71. How long has it been since your last breast exam? READ 1-5 ONLY IF NECESSARY

Within the past year (1to 12 months ago)	1
Within the past 2 years (1 to 2 years ago)	2
Within the past 3 years (2 to 3 years ago)	3
Within the past 5 years (3 to 5 years ago)	4
5 or more years ago	5

Don't know/Not sure	6 (7)
Refused	7 (9)

72. Was your last breast exam done as part of a routine checkup, because of a breast problem other than cancer, or because you've already has a breast cancer?

Routine checkup	1	
Breast problem other than cancer	2	
Had breast cancer	3	
Don't know/Not sure	4	(7)
Refused	5	(9)

73. A pap smear is a test for cancer of the cervix. Have you ever had a pap a smear?

	Yes	1	
	No	2	
SKIP TO Q.76 ←-----	Don't know/Not sure	3	(7)
	Refused	4	(9)

74. How long has it been since you had your last pap smear? READ 1-5 ONLY IF NECESSARY

Within the past year (1to 12 months ago)	1	
Within the past 2 years (1 to 2 years ago)	2	
Within the past 3 years (2 to 3 years ago)	3	
Within the past 5 years (3 to 5 years ago)	4	
5 or more years ago	5	

Don't know/Not sure	6	(8)
Refused	7	(9)

75. Was your last pap smear done as part of a routine exam, or to check a current or previous problem?

Routine exam	1	
Check current or previous problem	2	
Other	3	
Don't know/Not sure	4	(7)
Refused	5	(9)

76. Have you had a hysterectomy (that is an operation to remove the uterus/womb)?

SKIP TO Q.78 ←-----	Yes	1	
	No	2	
CONTINUE ←-----	Don't know/Not sure	3	(7)
	Refused	4	(9)

IF 45 YEARS OR OLDER DK/REF Q.50, SKIP TO Q.78

77. To your knowledge, are you now pregnant?

Yes	1	
No	2	
Don't know/Not sure	3	(7)
Refused	4	(9)

78. During the past 12 months, have you had a flu shot?

Yes	1
No	2
Don't know/Not sure	3 (7)
Refused	4 (9)

79. Have you ever had a pneumonia vaccination?

Yes	1
No	2
Don't know/Not sure	3 (7)
Refused	4 (9)

80. (IF CODE 7 OR 9, Q.50) Are you 40 years of age or older?

CONTINUE ←-----	Yes	1
SKIP TO Q.86 ←-----	No	2
SKIP TO Q.100 ←-----	Refused	3

IF 40 YEARS OR OLDER CONTINUE, OTHERWISE SKIP TO Q.86.

81. A digital rectal exam is when a doctor or other health professional inserts a finger in the rectum to check for cancer and other health problems. Have you ever had this exam?

CONTINUE ←-----	Yes	1
SKIP TO Q.83 ←-----	No	2
	Don't know/Not sure	3 (7)
	Refused	4 (9)

82. When did you have your last digital rectal exam? READ 1-4 ONLY IF NECESSARY

Within the past year (1 to 12 months ago)	1
Within the past 2 years (1 to 2 years ago)	2
Within the past 5 years (3 to 5 years ago)	3
5 or more years ago	4

Don't know/Not sure	5 (8)
Refused	6 (9)

83. A proctoscopic exam is when a tube is inserted in the rectum to check for cancer and other health problems. Have you ever has this exam?

CONTINUE ←-----	Yes	1
SKIP TO Q.85 ←-----	No	2
	Don't know/Not sure	3 (7)
	Refused	4 (9)

84. When did you have your last proctoscopic exam? READ 1-4 ONLY IF NECESSARY

Within the past year (1 to 12 months ago)	1	
Within the past 2 years (1 to 2 years ago)	2	
Within the past 5 years (3 to 5 years ago)	3	
5 or more years ago	4	

Don't know/Not sure	5	(8)
Refused	6	(9)

85. (ASK IF CODE 1) Are you 65 years of age or older?

SKIP TO Q.100 ←----- Yes	1
CONTINUE ←----- No	2
SKIP TO Q.100 ←----- Refused	3

IF 65 OR OLDER, SKIP TO Q.100

86. The next few questions are about the national health problems of AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question of you don't want to.

Can you tell by looking at person if he or she has the AIDS virus?

Yes	1
No	2
Don't know/Not sure	3 (7)
Refused	4 (9)

87. Would you be willing to work next to or near a person who you know is infected with the AIDS virus?

Yes	1
No	2
Don't know/Not sure	3 (7)
Refused	4 (9)

88. If you has a child in school, would you allow him or her to be in the same classroom with another child who is infected with the AIDS virus?

Yes	1
No	2
Don't have children	3
Don't know/Not sure	4 (7)
Refused	5 (9)

89. If you ever had a teenager who was sexually active, would you encourage him or her to use a condom?

Yes	1
No	2
Don't know/Not sure	3 (7)
Refused	4 (9)

90. Some people use condoms to keep from getting the AIDS virus through sexual activity. How effective do you think a properly used condom is for this purpose, would you say ... READ 1-3

Very effective	1
Somewhat effective	2
Or not at all effective	3

Don't know how effective	4
Don't know method	5
Refused	6 (9)

91. To your knowledge is there medical treatment available that may help a person who is infected with the AIDS virus live longer?

Yes	1
No	2
Don't know/Not sure	3 (7)
Refused	4 (9)

92. What are your chances of getting the AIDS virus ? Would you say ... READ 1-4

High	1
Medium	2
Low	3
Or none	4

Don't know/Not sure	5 (7)
Refused	6 (9)

93. In the past five years (that is, since 1988), have your chances of getting the AIDS virus increased, decreased, or stayed the same?

Increased	1
Decreased	2
Stayed the same	3
Don't know/Not sure	4 (7)
Refused	5 (9)

94. Except for donating or giving blood, have you ever had your blood tested for the AIDS virus infection?

CONTINUE ←-----	Yes	1
	No	2
SKIP TO Q.101 ←-----	Don't know/Not sure	4 (7)
	Refused	5 (9)

When was your last test? PROBE FOR MONTH AND YEAR. (77 = Don't Know/Not Sure, 99 = Refused)

95. Month:

96. Year:

97. What was the main reason you had your last AIDS blood test?

For hospitalization or surgical procedure	1	
To apply for health insurance	2	
To apply for life insurance	3	
For employment	4	
To apply for a marriage license	5	
For military induction or military service	6	
For immigration	7	
Just to find out if you were infected	8	
Because of referral by a doctor	9	
Because of referral by the Health Department	A	
Referred by your sex partner	B	
Because it was part of a blood donation process	C	
For routine check-up	D	
Because of occupational exposure	E	
Because of illness	F	
Other	G	(87)
Don't know/Not sure	H	(77)
Refused	I	(99)

98. Where did you have your last blood test for the AIDS virus?

Private doctor, HMO	1	
Blood bank/Plasma center/Red cross	2	
Health department	3	
AIDS clinic, counseling, testing site	4	
Hospital, emergency room, Outpatient clinic	5	
Family-planning clinic	6	
Prenatal clinic	7	
Tuberculosis clinic	8	
STD clinic (Sexually Transmitted Disease)	9	
Community health clinic	A	
Clinic run by employer	B	
Insurance company clinic	C	
Other public facility	D	
Drug treatment facility	E	
Military induction or military service site	F	
Immigration site	G	
At home, home visit by nurse or health worker	H	
Other	I	(87)
Don't know/Not sure	J	(77)
Refused	K	(99)

99. If you received the results of your last test, did you receive counseling or talk with a health care professional about how to lower your chances of becoming infected with the AIDS virus or how to avoid passing it on to another person?

Yes (received results and was counseled)	1	
No (received results and was not counseled)	2	
Did not get results	3	
Don't know/Not sure	4	(7)
Refused	5	(9)

100. (IF 65 OR OLDER) I have one question on educating children about certain kinds of health risks.
At what grade level do you think a child should begin venereal disease or sexually transmitted
disease education in school? RECORD GRADE LEVEL: EXAMPLE 8TH = 08, SENIOR IN
HIGH SCHOOL = 12
101. At what grade level do you think a child should begin venereal disease or sexually transmitted
disease education in school? RECORD GRADE LEVEL: EXAMPLE: 8TH GRADE, SENIOR IN
HIGH SCHOOL = 12
102. (COMBINES Q.100 & 101)

Kindergarten or less	55
Never	88
Don't know/Not sure	77
Refused	99

Next, I have a question about smokeless tobacco. Have you ever used or tried any smokeless
tobacco products such as chewing tobacco or snuff for six months or longer? PROBE FOR WHICH.

ASK Q.104 ←-----	Yes, Chewing tobacco	1	
	Yes, snuff	2	
	Yes, both	3	
SKIP TO Q.109 ←-----	No, neither	4	
	Don't know/Not sure	5	(7)
	Refused	6	(9)

104. Do you currently use any smokeless tobacco products such as chewing tobacco or snuff? PROBE
FOR WHICH.

ASK Q.105 ←-----	Yes, Chewing tobacco	1	
	Yes, snuff	2	
	Yes, both	3	
SKIP TO Q.107 ←-----	No, neither	4	
	Don't know/Not sure	5	(7)
	Refused	6	(9)

105. About how long have you been using smokeless tobacco products? ENTER MONTHS OR YEARS.

Don't know/Not sure	— — —	777
Refused		999

106. ENTER
- | | |
|--------|---|
| Months | 1 |
| Years | 2 |
| Other | 3 |

SKIP TO Q.109

107. About how long did you use smokeless tobacco products?

Don't know/Not sure	777
Refused	999

ENTER

Months	1
Years	2
Other	3

109. Have you heard of radon, which is radioactive gas that occurs in nature?

CONTINUE ←-----	Yes	1
SKIP TO Q.120 ←-----	No	2
CONTINUE ←-----	Don't know/Not sure	3 (7)
	Refused	4 (9)

110. Has your household air been tested for the presence of radon gas?

Yes	1
No	2
Don't know/Not sure	3 (7)
Refused	4 (9)

111. Do you know how to test your home for the presence of radon?

Yes	1
No	2
Don't know/Not sure	3 (7)
Refused	4 (9)

112. Do you, or does anyone in your home plan to have your household air tested for radon within the next year?

Yes	1
No	2
Don't know/Not sure	3 (7)
Refused	4 (9)

113. Please indicate your agreement or disagreement with the following statement: Prolonged exposure to radon gas can be harmful to your health. Do you agree or disagree?

CONTINUE < -----	Agree	1
	Disagree	2
SKIP TO Q. 119 < -----	Don't know /Not sure	3 (7)
	Refused	4 (9)

Which, if any, of the following conditions do you think can be caused by prolonged radon exposure?
READ 114 -118.

	Yes	No	Don't know/ Not sure	Refused
114. Headache	1	2	3 (7)	4 (9)
115. Asthma	1	2	3 (7)	4 (9)
116. Arthritis	1	2	3 (7)	4 (9)
117. Lung cancer	1	2	3 (7)	4 (9)
118. Other cancers besides lung	1	2	3 (7)	4 (9)

119. Which of the following best describes your residence? READ 1-5

Single family home, duplex or townhouse	1	
Apartment or condominium at basement level, or on 1 st or 2 nd floor	2	
Apartment or condominium above 2 nd floor	3	
Trailer or mobile home	4	
Or something else	5	

Don't know /Not sure	6	(7)
Refused	7	(9)

**IF YES CODE 1, Q.28, ASK Q.120-124
ALL OTHERS,SKIP TO Q.125**

120. You indicated earlier that you have diabetes. How old were you when you were told you have diabetes?

Don't know /Not sure	77
Refused	99

121. Are you now taking insulin?

Yes	1	
No	2	
Refused	3	(9)

122. In general, how would you rate your vision when wearing glasses or contacts if needed? Would you say . . . READ 1-5

Excellent	1	
Very good	2	
Good	3	
Fair, or	4	
Poor	5	

Don't know/Not sure	6	(7)
Refused	7	(9)

123. How often do you have trouble telling the difference between a one dollar bill and a five dollar bill?
This means when wearing glasses or contacts if needed. Would you say . . . READ 1-5.

All of the time	1
Most of the time	2
Some of the time	3
A little bit of the time, or	4
None of the time	5

Don't know/not sure	6 (7)
Refused	7 (9)

124. While stopped in a vehicle at a traffic light, how often do you have trouble reading the license plate on the car in front of you? (This means when wearing glasses or contacts if needed) Would you say . . . READ ..1-5

All of the time	1
Most of the time	2
Some of the time	3
A little bit of the time, or	4
None of the time	5

Don't know/Not sure	6 (7)
Refused	7 (9)

IF YES, CODE 1, TO HEALTH COVERAGE IN Q.5, ASK Q.125-128
ALL OTHER FEMALES, SKIP TO Q.129, ALL OTHER MALES SKIP TO Q.131

- 125.-What type of health care coverage do you have? PROBE: Any others?
127. UP TO 3 RESPONSES

Basic Health Plan (state program)	1
HMO insurance such as Group Health or Kaiser	2
Indian Health Service	3
Medicare	4
Medicaid	5
Private insurance such as Blue Cross/Blue Shield or through an employer or union	6
Champus/VA/Military	7
Other (SPECIFY:)	8 (87)
Don't know/Not sure	9 (77)
Refused	A (99)

128. (FEMALES ONLY) Does your health insurance pay for mammograms? IF NEEDED, SAY: Pay means cover either all or part of the costs.

Yes	1
No	2
Don't know/not sure	3 (7)
Refused	4 (9)

FEMALES ONLY: IF HAD MAMMOGRAM IN PAST YEAR, (CODE 1 Q.68), SKIP TO Q.131.
IF NEVER HAD MAMMOGRAM (Q.67, CODE 2, 3 OR 4), ASK Q.129
IF NO MAMMOGRAM IN PAST YEAR (Q. 68, CODE 2-7), ASK Q.130

129. You said you've not had a mammogram. What is the most important reason that you never had a mammogram? DO NOT READ
130. You said you've not had a mammogram in the past year. What is the most important reason that you did not have a mammogram in the last year? DO NOT READ.

	Q.129	Q.130
Not recommended by doctor/Doctor never said it was needed	1	1
Not needed/Not necessary	2	2
Never heard of mammogram	3	3
Cost	4	4
No insurance to pay for it	5	5
Other (SPECIFY:)	6	6
Don't know/Not sure	7	7
Refused	8 (9)	8 (9)

IF YES TO ONE PLACE, (Q.20, CODE 1), ASK Q.131
IF NO/DON'T KNOW/NOT SURE(Q.20, CODE 3, 4, OR 5), ASK Q.132
ALL OTHERS, SKIP TO Q.133

131. I have another question about the place you usually go if you are sick or need health advice. What kind of place is it – a clinic, a health center, a hospital, a doctor's office, or some other place? IF HOSPITAL SAY: Is this an outpatient clinic or the emergency room? IF CLINIC, SAY: Is this a hospital outpatient clinic, a company clinic, or some other kind of clinic?

Doctor's office (group practice or doctors clinic)	1
Hospital outpatient clinic	2
Hospital emergency room	3
Company or industry clinic	4
Health clinic	5
Other (SPECIFY:)	6
Don't know/Not sure	7
Refused	8 (9)

SKIP TO Q.133

132. Earlier you said you don't have one particular place you usually go if you are sick or need health advice. Which of these is the main reason you don't have a particular place you usually go ... READ 1-7

Have two or more usual doctors or places depending on what is wrong	1
Haven't needed a doctor	2
Previous doctor no longer available	3
Haven't been able to find the right doctor	4
Recently moved to area	5
Can't afford medical care	6
Or some other reason (SPECIFY:)	7 (8)

Don't know/Not sure	8 (7)
Refused	9

133. Next, I have a few questions about dental care. About how long has it been since you last had an oral screening or dental exam; by that I mean since you last visited a dental professional or nurse where you've had your mouth and teeth checked? READ 1-5

CONTINUE ←-----	Within the past six months (0 to 6 months ago)	1	
	Within the past 1 year (7 to 12 months ago)	2	
	Within the past 2 years (13 to 24 months ago)	3	
	Within the past 5 years (25 to 60 months ago)	4	
	Or More than 5 years ago (61 + months ago)	5	

SKIP TO Q.136 ←-----	Don't know/Not sure	6	(7)
	Never	7	(8)
	Refused	8	(9)

134. Was any treatment recommended at your last exam? NOTE: Can include treatment done at same visit as the exam visit.

CONTINUE ←-----	Yes	1	
	No	2	
SKIP TO Q.136 ←-----	Don't know/Not sure	3	(7)
	Refused	4	(9)

135. How much of the recommended treatment did you get, either at the time, or later; would you say . . .
READ 1-3

All	1	
Some, or	2	
None	3	

Don't know/Not sure	4	(7)
Refused	5	(9)

136. Was there a time during the last 12 months when you or anyone in your household needed to see a dentist, but could not because of the cost?

Yes	1	
No	2	
Don't know/Not sure	3	(7)
Refused	4	(9)

IF NO CHILDREN IN HOUSEHOLD, (Q.30, CODE 88 OR 99), SKIP TO Q.140

137. We are interested in children's use of bicycle helmets. Are there any children between the ages of 5 and 18 living in your household?

CONTINUE ←-----	Yes	1	
	No	2	
SKIP TO Q.140 ←-----	Don't know/Not sure	3	(7)
	Refused	4	(9)

138. What is the age of the youngest child in that age group?

139. When riding a bicycle, how often does this youngest child wear a bicycle helmet; Would you say . . .
READ 1-5

Refused 99

All of the time	1
Most of the time	2
Sometimes	3
Rarely, or	4
Never	5

Doesn't have/ride a bicycle	6
Don't know/Not Sure	7
Refused	8 (9)

140. Now a question about you. Have you been in a boat in the past year less than 16 feet long? These boats include small motor boats, canoes, kayaks, and rafts.

CONTINUE ←-----	Yes	1
	No	2
SKIP TO Q.142 ←-----	Don't know/Not sure	3 (7)
	Refused	4 (9)

141. Did you wear a life jacket the last time you were in a boat that was less than 16 feet long?

Yes	1
No	2
Don't know/Not sure	3 (7)
Refused	4 (9)

144. Next are a few questions about gun safety. Do you keep a loaded gun in your house?

CONTINUE ←-----	Yes	1
	No	2
SKIP TO Q.144 ←-----	Don't know/Not sure	3 (7)
	Refused	4 (9)

143. Is it a hand gun?

Yes	1
No	2
Don't know/Not sure	3 (7)
Refused	4 (9)

144. Finally, I would like to ask you about injuries you may have suffered as a result of accidents or violence.

Have you suffered any injury which required medical treatment such as a visit to the doctor, clinic or hospital in the past 12 months?

CONTINUE ←-----	Yes	1
	No	2
SKIP TO Q.147←-----	Don't know/Not sure	3 (7)
	Refused	4 (9)

145. If you have suffered several injuries, these next questions are about your most recent one. Where did you receive treatment for this injury? Was it . . . READ 1-3

In a doctors office, clinic or first aid station	1
In a hospital emergency room	2
Or in an admitted patient to a hospital	3

Other (SPECIFY:)	4
Don't know/Not sure	5 (7)
Refused	6 (9)

146. Did you miss a day of work or restrict your normal activities for at least one day because of this most recent injury?

Yes	1
No	2
Don't know/Not sure	3 (7)
Refused	4 (9)

ASSIST Questions (asked in July and August only)

147. Earlier, I asked you whether you smoke cigarettes or not. Other than cigarettes, in the past twelve months, have you used any other tobacco products such as chewing tobacco, snuff, pipes, or cigars?

Yes	1
No	2
Don't know/Not sure	7
Refused	9

148. Think about all the members of your household who regularly live with you. In the past twelve months, has anyone in your household smoked cigarettes, pipes or cigars or used chewing tobacco or snuff?

Yes	1
No	2
Don't know/Not sure	7
Refused	9

149. I'm going to read you some ways that might keep teenagers from smoking cigarettes. Please tell me whether you think each way would be not at all effective at keeping kids from smoking, somewhat effective, or very effective at keeping kids from smoking.

Banning all smoking inside and outside of school property?

Not at all effective	1
Somewhat effective	2
Very effective	3
Don't know/Not sure	7
Refused	9

150. Stronger enforcement of laws intended to prevent minors from buying cigarettes?

Not at all effective	1
Somewhat effective	2
Very effective	3
Don't know/Not sure	7
Refused	9

151. Banning all cigarette vending machines?

Not at all effective	1
Somewhat effective	2
Very effective	3
Don't know/Not sure	7
Refused	9

152. Increasing the price of a pack of cigarettes?

Not at all effective	1
Somewhat effective	2
Very effective	3
Don't know/Not sure	7
Refused	9

153. Banning all advertising of cigarettes?

Not at all effective	1
Somewhat effective	2
Very effective	3
Don't know/Not sure	7
Refused	9

154. Do you think tobacco advertising motivates people to buy tobacco products like cigarettes, chewing tobacco, or snuff?

Yes	1
No	2
Don't know/Not sure	7
Refused	9

155. Do you think tobacco products should be advertised at sports stadiums and arenas?

Yes	1
No	2
Don't know/Not sure	7
Refused	9

156. Do you think tobacco products should be advertised on billboards?

Yes	1
No	2
Don't know/Not sure	7
Refused	9

157. You may have heard that state taxes on cigarettes might increase. Would you favor or oppose a tax increase of one dollar per pack of cigarettes?

Favor	1
Oppose	2
Don't know/Not sure	7
Refused	9

158. In your opinion, do you think such a tax increase is fair to smokers or unfair to smokers?

Fair	1
Unfair	2
Don't know/Not sure	7
Refused	9

159. If a tax on cigarettes increased the price by one dollar a pack, do you think you would continue to smoke or do you think you would try to quit?

Would continue to smoke	1
Would try to quit	2
Not sure what I'd do/Can't answer that	3
Don't know/Not sure	7
Refused	9

160. Which statement best describes the rules about smoking inside your home?

Smoking is not allowed at all	1
Smoking is allowed in some places or at some times	2
Smoking is allowed anywhere	3
Don't know/Not sure	7
Refused	9

161. I'm going to read you a list of places. For each place, please tell me if you think that smoking should be allowed in all areas, allowed in some areas, or not allowed at all.

Fast food restaurants?

Allowed in all areas	1
Allowed in some areas	2
Not allowed at all	3
Don't know/Not sure	7
Refused	9

162. Other kinds of sit-down restaurants?

Allowed in all areas	1
Allowed in some areas	2
Not allowed at all	3
Don't know/Not sure	7
Refused	9

163. Indoor malls?

Allowed in all areas	1
Allowed in some areas	2
Not allowed at all	3
Don't know/Not sure	7
Refused	9

164. Indoor sporting events?

Allowed in all areas	1
Allowed in some areas	2
Not allowed at all	3
Don't know/Not sure	7
Refused	9

165. Would you favor or oppose a total ban on smoking inside school buildings? This would include teachers, visitors, and students at all times in the building.

Favor	1
Oppose	2
Don't know/Not sure	7
Refused	9

166. Would you favor or oppose a total ban on use of any tobacco product at school sponsored events? This includes cigarettes, cigars, pipes and chewing tobacco and applies to events such as football games and field trips.

Favor	1
Oppose	2
Don't know/Not sure	7
Refused	9

167. That's my last question. Everyone's answers will be combined to give us information about the health practices of people in this state. Thank you very much for your time and cooperation.

170. If DK/NS/REF Q.61, ENTER COUNTY FROM CARD

174. IF CODE 1, Q.65, COMPUTER WILL SET CODE 2, Q.64

175. (FIPS code set in) Code 53

176. (Stratum code set in) 1 Sample A

178. AREA CODE

179/180. PHONE NUMBER (entire number recorded, need to eliminate last two digits)

183. TOTAL HOUSEHOLD MEMBERS

184. TOTAL NUMBER OF MEN

185. TOTAL NUMBER OF WOMEN

186. ID NUMBER

187. DAY OF WEEK

190. RESPONDENT #

191. TIME OF DAY

192/193. BLANK, COMPUTER USE

194/195. DATE

196. ATTEMPT

197. (Record Number set in) Record Number 1

198. (disposition code set in) 01

199/200. SETS COUNTY INTO Q.61, FROM Q.150

202. Wind Down

Yes 1 (9)

No 2 (BLANK)